

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

CLAIMS ONLY							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*
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TOTAL IND.	1	↓		↓		↓		↓
TOTAL DEP.	19	↓		↓		↓		↓
TOTAL CLAIMS	20							
<p>* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS</p>								